

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7978

FILED MAR 8 1943
Registration District No. 8-3636

Primary Registration District No. 6239

State File No.

Registrar's No. 10

1. PLACE OF DEATH:

(a) County... ~~Washington~~ Washington
(b) City or town... Rural; Bellevue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution...
6 miles West of Bellevue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Henry Conway

3. (b) If veteran, name war... no
3. (c) Social Security No. none

4. Sex... male
5. Color or race... white
6. (a) Single, widowed, married, divorced... widowed
6. (b) Name of husband or wife... Lucetta Conway
6. (c) Age of husband or wife if alive... 11 years
7. Birth date of deceased... April 2 1866
(Month) (Day) (Year)

8. AGE: Years Months Days
76 10 2
If less than one day
hr. min.

9. Birthplace... Madison Co.
(City, town, or county) (State or foreign country)

10. Usual occupation... farmer

11. Industry or business...

12. Name... Wm. Elias Conway
13. Birthplace... unknown
(City, town, or county) (State or foreign country)
14. Maiden name... Lucinda Singleton
15. Birthplace... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Lillie Belle Pinkley
(b) Address... Banner Mo.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof... 2-7-43
(Month) (Day) (Year)
(c) Place: burial or cremation... Roselle Mo.

18. (a) Signature of funeral director... Norman White & Son

(b) Address... Ironton Mo.

19. (a) Feb 15 43
(Date received local registrar)
(b) Ella White
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Washington
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No... 6 miles West of Bellevue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 4
year 1943 hour 7 minute 00P M.

21. I hereby certify that I attended the deceased from 2-4-43 to 2-4-43
that I last saw him alive on 2-4-43
and that death occurred on the date and hour stated above.
Immediate cause of death... Brown's pneumonia
Duration

Due to...

Due to...

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations...

Of autopsy...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..
(b) Date of occurrence..
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.

23. Signature... J. P. Henry (M. D. or other)
Address... Banner Mo. Date signed 2

RECEIVED

District Health Officer No. 4

District File Number 343-1876

Date Filed 3-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Amel White

Licensed Embalmer No.

2012

P. O. Address

Fronton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.